



Course Description

Direct Patient Care Immersion Experience 2 is designed to allow student pharmacists to provide patient-centered collaborative care as described in the Pharmacists' Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners. In the didactic course sequence, Foundations of Patient Care taught a consistent approach to the patient care process using the Pharmacists' Patient Care Process as a core structure for development of foundational knowledge and skills. Evidence-Based Practice, Foundations in Clinical Pharmacokinetics, Immersion Experience 1, Patient Care Lab, Applied Clinical Pharmacology, and Foundations of Pharmacotherapy built upon and expanded knowledge and skills to prepare student pharmacists to provide patient-centered collaborative care. The knowledge and skills developed in these courses will be applied in the Direct Patient Care Immersion Experience. Successful completion of the Direct Patient Care Experience will optimally prepare students for the Advanced Pharmacy Practice Experiences in the fourth professional year and add context to continued didactic learning at the School.

Course Pre-requisites

Student pharmacists must successfully complete PHCY 504 Evidence Based Practice, PHCY 511 Foundations in Clinical Pharmacokinetics, PHCY 591 Immersion Experience 1, PHCY 601 Patient Care Lab, PHCY 611 Applied Clinical Pharmacology, and PHCY 630 Foundations of Pharmacotherapy. Students will need to successfully pass each of these prerequisite courses in order to proceed to Immersion Experience 2. A student that does not successfully pass all prerequisites will have his/her Immersion Experience canceled by the School and notification will be sent to the practice site.

Class Meeting Times and Locations

This course operates over 2 calendar months. During this experience, student pharmacists may be assigned to one clinical service (2-calendar months in duration) or two distinct clinical services (each 1-calendar month in duration) as determined by the site. Each student pharmacist will be assigned to one health system and will be expected to be at the site for a minimum of 40 hours per week (minimum of 2-calendar months, 320 hours) for the duration of the experience. Students should be prepared to serve in excess of 40 hours per week if needed. While there are no stated maximum hours, the School does encourage adherence to the duty rules set forth by the Accreditation Council for Graduate Medical Education (<http://www.acgme.org/What-We-Do/Accreditation/Duty-Hours>). Time spent at the practice site may include a variety of day, evening or weekend hours as determined by the site. Throughout this experience, student pharmacists will engage in either inpatient clinical OR ambulatory care practice environments for the duration of the 2-calendar month of the experience. This inpatient clinical OR ambulatory care experience may occur in any general and/or specialty service.

Days: Monday through Friday, with the possibility for Saturday and Sunday hours, as determined by the site.

Times: Will vary, based on the site.

Site Location: This experience will be conducted at one of the following health systems: UNC Health Care, Duke University Hospital, Cone Health, WakeMed Health and Hospitals, Mission Health or UNC School of Dentistry

Course Materials and Resources

Required Textbook: There is no required textbook for the course. Student pharmacists will be referred to a variety of resources for preparation and enrichment.

Required Supplies: Professional short white lab coat, name tag, and portable computing device (whether student computer or site-issues will vary by site; student should query preceptor in advance).

Supplemental Resources: To be provided, as needed by clinical sites.

Required Software or Hardware: Internet access (high-speed is preferred) to access the Sakai site and CORE ELMS (previously known as RxPreceptor). All required and supplement resources (e.g., on demand modules, readings, reflection assignments, and other resources) will be posted to Sakai. Student and practice site evaluations will be completed through CORE ELMS.

Information Technology: Information Technology is an important part of your education at the UNC Eshelman School of Pharmacy. The staff of the School's IT department (known as ITSOP) will assist you in any way possible with your IT and computing needs within the appropriate guidelines of the University. For more information on the School's IT resources visit <https://pharmacy.unc.edu/programs/the-pharmd/current-students/student-handbook/general-information-1/information-technology>. The University of North Carolina also provides numerous IT and computing resources, and student pharmacists are urged to take advantage of all available resources (see <http://its.unc.edu>).

Teaching Team

The Direct Patient Care Immersion Experience will incorporate several experiential preceptors as determined by the Site Director. The Site Director will work collaboratively with the School Experience Director to oversee the experience on behalf of the experiential education program at the School.

Site Director

Name: TBD by site
Title:
Department:
Email:
Phone:
Office:
Office Hours: by appointment

School Experience Director

Name: Nicole Pinelli Reitter, PharmD, MS, CDE
Title: Health System and Direct Patient Care
Immersion Experience Director
Division: PACE
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Experiential Learning Outcomes

Please see Appendix A. for detailed descriptions for the UNC Eshelman School of Pharmacy Entrustable Professional Activity Statements (and associated functions).

Outcome 1: Demonstrate the ability to conduct a systematic, efficient, and thorough drug information search and derive concise and accurate responses to drug information requests.

Objectives

Articulate and/or summarize the question so as to ensure complete understanding of information need.

Assemble complete background data for each medication-related question.

Demonstrate the ability to implement a thorough search strategy using a variety of primary through tertiary resources.

Evaluate literature retrieved with appropriate sophistication and depth.

Derive an appropriate and useful response to a specific drug information question.

Communicate (in written form) the completed drug information request process, including the question asked, resources utilized, and response delivered.

Summarize and provide an oral presentation of a patient case to include a comprehensive and critical evaluation of primary literature that supports the patient assessment and treatment plan synthesized.

Outcome 2: Examine a chief complaint and collect relevant data for a pharmacist's specific assessment

Objectives

Perform a comprehensive medication history interview with patients and/or caregivers, including calling pharmacies, outside care facilities or third party payers as needed.

Derive a comprehensive patient history from a patient interaction that is pertinent to not only medication-related, but also relevant non-medication-related problems.

Synthesize and interpret pertinent data including (but not limited to): lab/test data, past medical/surgical history, medication history, chief complaint or reason for healthcare encounter, physical assessment data, history of present illness, family/psychosocial history, allergies, health maintenance, review of systems, and/or adherence-related data.

Outcome 3: Prioritize, evaluate and apply data collected to create a pharmacist's specific assessment of medication-related problems

Objectives

Prioritize patient's medical problems

Identify medication-related problems according to Hepler and Strand, which includes adverse drug events (ADE) and adherence barriers to achieving medication-related goals.

Articulate an assessment of each medication-related problem to include prioritization, status, significance of subjective or objective findings, and goals of therapy.

Prioritize available options for addressing drug access issues (i.e. prior authorization, medication assistance programs, pharmacy restrictions, etc.).

Provide a pharmacist's assessment to identify patients who are at risk for non-adherence.

Evaluate individual health literacy.

Outcome 4: Create a pharmacist's care and monitoring plan based on assessment and individualize the plan accordingly

Objectives

Identify measurable goals for each medication-related problem to assess appropriateness of medication response.

Create a care plan and individualize according to patient tolerance and acceptance for each medication-related problem that includes the following items: drug therapy recommendations for current and new therapies (with rationale), pertinent non-medication recommendations, monitoring parameters, follow-up, timing, and patient/medication education strategy.

Create a care plan to manage an ADE

Create a plan to resolve logistical drug access issues (i.e. prior authorization, medication assistance programs, pharmacy restrictions, etc).

Develop an adherence care plan to facilitate optimal patient adherence with medication therapy (e.g. pill boxes, treatment calendars, etc).

Develop a health literacy care plan (e.g. customized medication list, customized medication education) for patients where applicable.

Develop a patient/medication education plan.

Outcome 5: Implement appropriate components of a pharmacist's care plan and tailor existing medication care plan to new or evolving patient care goals

Objectives

Implement pharmacist's care plan through coordination with the interdisciplinary patient care team in collaboration with a preceptor.

Provide medication education to patients and/or caregivers using effective verbal and nonverbal patient communication strategies including knowledge assessment strategies such as teach back methods.

Assist with resolution of drug access issues (i.e. prior authorizations, medication assistance programs, formulary restrictions, etc.) when applicable.

Provide interventional care focused on improving medication adherence

Optimize existing medication regimen to achieve a medication-related goal.

Provide care to patients that include all core elements of targeted medication therapy management (MTM) and progress toward the ability to provide comprehensive medication management (CMM) of appropriate diseases (e.g. medication therapy management plus health maintenance/prevention, etc).

Outcome 6: Document patient encounters and services provided in a format suitable for publication in the electronic medical record or other applicable record.

Objectives

Create documentation of a medication history interview.

Identify and apply terminology from the ICD-10 coding system.

Apply medicolegal principles to clinical documentation.

Create documentation of a patient encounter/intervention following the SOAP format:

- Prioritize pertinent positive and negative aspects that should be included in the subjective and objective component of a SOAP note.
- Create an assessment supported by subjective and objective information documented.
- Create a plan that corresponds to the assessment.

Draft effectively written prescriptions that are compliant with state law.

Apply appropriate medical abbreviations, avoiding non-approved medical abbreviations.

Incorporate feedback and develop a repeatable process to create patient care-related documentation.

Outcome 7: Demonstrate skills, attitudes and behaviors of a healthcare professional dedicated to expertise in medication use.

Objectives

Describe the U.S. healthcare system culture including certain beliefs (e.g. health versus illness), practices (e.g. infection control, medical rounding), habits (e.g. charting, medical jargon, problem solving), likes (e.g. promptness, neatness, organization), dislikes (e.g. tardiness, disorderliness), customs (e.g. handwashing, autocratic and bureaucratic systems), and rituals (e.g. physical exam, procedures/processes, visiting hours).

Apply effective communication and collaborate with interdisciplinary colleagues and promote functional relationships with patients, physicians, nurses and other healthcare providers.

Demonstrate the ability to receive feedback and reflect on performance as well as areas where knowledge needs to be supplemented.

Manage time appropriately for individual obligations and longitudinal expectations.

Display professional mannerisms and attributes including honesty, reliability and accountability.

Maintain patient confidentiality, act as a patient advocate, deliver care in a nonjudgmental and nondiscriminatory manner being sensitive to diversity, and preserve/protect patient autonomy/dignity/rights.

Recognize the patient as ultimate decision maker and utilize a shared decision-making process.

Core Competencies

To optimize student learning outcomes, the curriculum of the UNC Eshelman School of Pharmacy Doctor of Pharmacy program is systematically aligned with core competencies. In this course, the following core competencies are strongly emphasized:

- Communication
- Collaboration/Influence
- Adaptability
- Initiative
- Accessing/Analyzing Information
- Professionalism
- Content
- Critical Thinking/Problem Solving

These core competencies are required to meet course learning outcomes and are incorporated into the summative evaluation of student performance in the course.

In addition, the following core competencies are emphasized in this course:

- Curiosity/Inquisitiveness

These core competencies are considered relevant to course learning outcomes and are incorporated into course activities.

Course Format and Instructional Methods

The experiential learning outcomes will be accomplished through four instructional methods as described below.

1. Self-Directed Learning: The goal of this instructional method is to introduce students to foundational content that will be required a) prior to coming to the site on day 1 and b) throughout the 2 calendar months. Prior to attending this experience, students should contact the Site Director for instructions and expectations for requirements that must be completed. Human resources or the institution's onboarding office may contact the student several months in advance to ensure onboarding procedures such as drug testing, immunizations and other requirements are complete. Additional content (e.g. on demand modules, online learning modules, readings, etc) will also be assigned to students for completion prior to starting and throughout the experience. Students need to take the initiative to review these resources as assigned and come to the experience prepared to utilize, discuss, and apply this information.

2. Onboarding and Health-System Orientation: The goal of this instructional method is to introduce students to health-system specific policies and procedures. During this orientation students will be provided an overview of the institution, expectations, and health-system specific policies and procedures. Where applicable, sites will also ensure students have adequately installed required software in order to access hospital systems as required by the institution. Sites will also ensure that students have acquired any additional resources (e.g., badges, pagers, parking) as required by the institution.

3. Engagement in Clinical Practice: The goal of this instructional method is to engage students in application-based learning in clinical pharmacy practice. Ideally, student pharmacists will be assigned to one clinical service (2-calendar months in duration) or two distinct clinical services (each 1-calendar month in duration) and collaborate with other pharmacy extenders to engage in the delivery of patient care. Throughout this experience, student pharmacists will engage in either inpatient clinical OR ambulatory care practice environments for the duration of the 2-calendar month of the experience. This inpatient clinical OR ambulatory care experience may occur in any general and/or specialty service. Student pharmacists should assume responsibility for multiple patients during the experience.

4. Significant Event Analysis (also known as Critical Incident Report): The goal of this instructional method is to engage students in the process of self-reflection which will be emphasized during immersion in practice experiences. Students will write two critical incident reports during the course of the experience using the reflection method taught in the PHCY 617 (The Patient Care Experience) course. These writing assessments will be submitted through the Sakai platform and will require the student to describe the context of the incident and the actual incident in detail, explain why the incident was critical or significant, describe thoughts and feelings during and after the incident, and explain how the incident will impact future studies and future role as a health professional. These assignments will be utilized for the Patient Care Experience 2 course and will be completed throughout the 2 calendar month experience. The full description of this assignment is located on the course Sakai site.

Expected Weekly Time Commitment by Students

Breakdown of Expected Weekly Time Commitment by Students*		Hours
<i>Preparation Time</i>		15*
	Reading and/or viewing material in preparation for experience activities	
<i>On-Site Experience Activities</i>		40+*
	Engagement in clinical pharmacy practice	
<i>Assignment Working Time</i>		2*
	Pharmacotherapy - TBD	
	Student-Preceptor Formative Feedback	
	Student Self-Evaluation	
	Preceptor Evaluation of Student	
	Significant Event Analysis (Critical Incident Report) Reflection Assignments	
	Formal Oral Case Presentation	
	Student Evaluation of Experience	
Total Expected Weekly Time Commitment by Students		57+

*These time commitments are estimates only

Immersion Experience Expectations

Preparation for On-Site Experiences

Students are expected to complete all preparatory work and come prepared to engage and actively participate in the early immersion experience. In many instances, students will be expected and challenged to “dig deeper” in order to obtain critical content for application during the experience. Student preparedness and active engagement is essential to gain the greatest benefit from this applied and direct patient care experience.

Attendance and Participation

Students are expected to attend and participate fully in **all** scheduled activities at the practice site. Students are expected to arrive on time and remain at the site until all required activities have been completed or their preceptor dismisses them. It is expected that students will come to the site with an open mind and be respectful of all pharmacy staff and members of the patient care team.

Absence Notification Policy

Preceptors acknowledge that *extenuating* circumstances occasionally occur that prevent attendance during the experience. At the discretion of the School Experience Director, students are allowed to have a maximum of **2 excused absence(s)** per calendar month of this experience as long as the objectives are met.

An absence is excused only under the following circumstances:

- Medical necessity. Documentation of the medical necessity (i.e. physician note, campus health note, emergency room/hospitalization discharge summary) will be required to be considered an excused absence. Routine medical or dental visits do not meet this criterion.
- Death of an immediate family member or friend. Documentation will be required to be considered an excused absence.

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Comment [1]: The attendance policy is currently under review in collaboration with didactic courses. Updates will be provided at the time of the webinar.

- Participation in a *pre-approved* professional activity (i.e. School activities; local, state or national pharmacy meetings). The student must submit the Absence Request Form to the School Experience Director at least 1 month prior to the **start** of the experience. Documentation (i.e. meeting badge, program) will be required to be considered an excused absence. Work as an employee does NOT constitute participation in an approved professional activity.
- Religious activity. The School follows the University's policy on excused absences for religious reasons (More information on the policy can be found in the UNC Eshelman School of Pharmacy Student Handbook: <http://faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-handbook/#details-2-0>).
- Other *extenuating* circumstances. The School Experience Director may approve an excused absence for other reasons. Personal trips/vacations do not meet this criteria. Documentation may be required. When possible, such requests should be made in writing at least one month prior to the **start** of the experience.

Excused absences do not have to be made up; however, if the preceptor determines that the objectives of the experience cannot be met as a result of the excused absences OR the number of days absent exceeds the maximum of 2 absence(s) per calendar month, the student is expected to make up missed time at the preceptor's convenience. The School Experience Director will work with the assigned preceptor team at the site to determine what work will need to be completed. Failure to make up the missed time will result in a grade of **failure**.

Unexcused absences are absences from the experience for any reason not listed above. Any **unexcused absence** during the course of an experience will result in a grade of **failure**.

The student must submit the Absence Request Form (available in Sakai) to the School Experience Director as early as possible prior to the absence. If circumstances prevent the student from providing prior notification, the student or his/her designate should contact the preceptor team by phone first thing in the morning of the absence and submit the Absence Request Form to the School Experience Director. Messages should include the student's name, a brief summary of reason for absence, and anticipated date of return. The **School Experience Director** will determine whether the absence is considered excused.

Professionalism

The faculty and experiential preceptors consider the preceptor-student relationship to be collegial and respectful. As more experienced, professional colleagues, we view ourselves as mentors in your professional development. You should expect us to communicate expectations and instructions clearly and concisely. You should also expect preceptors to provide you with relevant resources, activities, experiences and feedback to facilitate your success in the curriculum and in practice. We are fully committed to fulfilling this responsibility and we pledge to work diligently to ensure that each of you has the opportunity to be successful. In return, we expect you to behave in a professional, responsible, and ethical manner; demonstrate a positive attitude, enthusiasm for learning, and respect for yourself and others; be prepared for each session; be flexible and be accountable for your assigned responsibilities.

Professional Dress

Student pharmacists of the UNC Eshelman School of Pharmacy are representatives of the School and the conduct and personal appearance of a student pharmacist reflects how colleagues, patients, and the community view the student pharmacist, the program, and ultimately the pharmacy profession. Attire and behavior should promote a positive impression for the individual student pharmacist and should prioritize the interests of those being served above one's own. Specific dress requirements may be set by various institutions and practice sites. These requirements typically will be included in written course materials; however, it is the responsibility of the student pharmacist to inquire about the dress

code. Furthermore, a student pharmacist who is in a professional program and engaged in patient contact must keep in mind that members of the professional community are obligated to maintain an acceptable professional standard.

All student pharmacists must conform to the following guidelines:

- Student pharmacists must wear a neat, clean, short white lab coat with a UNC Eshelman School of Pharmacy name tag.
- Student pharmacists must wear appropriate business attire.
 - Female student pharmacists must wear skirts or dresses of knee length or longer or dress slacks with appropriate close-toed business dress shoes.
 - Male student pharmacists must wear dress slacks, dress shirts and ties, socks and appropriate business dress shoes.
- Nails: Should be clean and well-manicured and of a length that will not interfere with the duties of a pharmacist. If color is worn, it should be conservative.
- Blue jeans, shorts, athletic shoes, T-shirts, leather skirts/pants, leggings, clothing that is see-through, clothing that exposes the midriff, clothing with frayed hems, etc. are inappropriate dress and are not allowed.
- Hospital scrubs are not permissible unless explicitly allowed by the preceptor in defined areas of the clinical site.
- All student pharmacists must maintain good personal hygiene at all times.

Additional Dress Code Guidelines:

- Jewelry and perfume/cologne should be worn at a minimum or not at all.
- Earrings should be worn in a professional manner and are limited to one to two per ear. With the exception of ear piercing, there will be no visible body piercing, including but not limited to tongue piercing, nose piercing, and eyebrow rings/bars.
- Unusual hair coloring or style should be avoided. Hair should be clean, well groomed, and worn in such a manner that it presents a professional image.
- Facial hair must be trimmed and kept clean.
- Hats are not allowed.
- Women may wear make-up in moderation.
- Tattoos should not be visible
- Gum chewing should be avoided during clinical activities.

Communication

The faculty and experiential preceptors will communicate with the students in person, via email or Sakai to make general announcements. **Students will be expected to reach out to preceptors 1 month prior to the experience to confirm preferred methods of communication between the student and preceptor.** If a student will have two independent preceptors during the experience they are expected to reach out to both of these preceptors 1 month prior to the experience. Students are responsible for ensuring that the School and preceptors have current email addresses at all times so that students will receive timely email notifications. Throughout the semester, students may have general questions or wish to schedule a meeting with the Site and/or School Experience Director. Typically, the preferred method of contact is via email (always use your university email account), followed by phone. Students are encouraged to contact the Site and/or School Experience Director with any general course questions or concerns. The Experience Director will maintain office hours by appointment throughout the experience.

Office of Experiential Education and Site Specific Policies

Students and preceptors are expected to comply with the OEE policies and procedures published in the Experiential Education Manual at <http://faopharmacy.unc.edu/student-admin/oeo/experiential-education-manual/>

Preceptors may require and/or recommend additional site-specific policies for their experiences.

Students are expected to communicate with the preceptor regarding such requirements 1 month prior to the experience start date. Site-specific forms and requirements may be listed for individual sites in CORE ELMS.

Assignments and Assessments (Descriptions, Due Dates, and Grading)

The grade for this experience is based on successful completion of all assignments (please refer to Description of Each Assignment and Assessment section below) as well as receiving a passing grade from the preceptor-completed final evaluation (please refer to Grading Policies section below).

The following table contains all assignments and assessments for the health-system immersion experience:

Assignment or Assessment	Jan / Feb Deadlines	Mar / Apr Deadlines
Required for all students		
Pharmacotherapy	TBD	TBD
Student-Preceptor Formative Feedback	Feedback 1: January 16, 2017 Feedback 2: February 14, 2017	Feedback 1: March 15, 2017 Feedback 2: April 17, 2017
Student Self-Evaluation	Midpoint: January 24, 2017 Final: February 21, 2017	Midpoint: March 24, 2017 Final: April 21, 2017
Preceptor Evaluation of Student	Midpoint: January 31, 2017 Final: February 28, 2017	Midpoint: March 31, 2017 Final: April 28, 2017
Significant Event Analysis (Critical Incident Report) Reflection Assignments	Reflection 1: January 31, 2017 Reflection 2: February 28, 2017	Reflection 1: March 31, 2017 Reflection 2: April 28, 2017
Formal Oral Case Presentation	February 28, 2017	April 28, 2017
Student Evaluation of Experience	February 28, 2017	April 28, 2017
Optional (site-specific requirement)		
Projects, presentations, seminars, etc	TBD by Site Director	TBD by Site Director

Description of Each Assignment and Assessment

Pharmacotherapy - TBD

Student-Preceptor Formative Feedback: Students are **required** to complete the Student-Preceptor Formative Feedback assignment documenting their progress toward experience outcomes. This assignment will be completed at the midpoint of calendar month 1 and at the midpoint of calendar month 2 of the experience (e.g. weeks 2 and 6). This assignment will require preceptor signature and will be submitted by the student to the School Experience Director via the course Sakai site. Those not completing this assignment will receive a grade of **failure**. Successful completion of the assignment,

based on the assignment rubric, is required to **pass** the course. The full description of this assignment is located on the course Sakai site.

Student Self-Evaluation: Students are **required** to complete the Student Self-Evaluation documenting their perceived progress toward achieving the UNC Eshelman School of Pharmacy EPAs. This assignment will be completed by the student at the midpoint and the end of the experience (e.g. weeks 4 and 8) and will be submitted through CORE ELMS. Those not completing this assignment will receive a grade of **failure**. Successful completion of the assignment, based on the assignment rubric, is required to **pass** the course. The full description of this assignment is located on the course Sakai site.

Preceptor Evaluation of Student: The student will be assessed by the preceptor using the UNC Eshelman School of Pharmacy EPA Evaluation Form at the end of calendar month 1 and calendar month 2 of the experience (e.g. weeks 4 and 8) and will be submitted through CORE ELMS. The midpoint evaluation will NOT be used in the calculation of the student's grade; however, it will provide a basis for feedback regarding the student's progress, including action items where necessary for the rest of the experience. In order to the **pass** the course, students must receive a passing grade, based on the grading rubric, from the preceptor-completed final evaluation. The student and preceptor share responsibility for ensuring that evaluations are completed in a timely manner.

Significant Event Analysis (Critical Incident Report) reflection: Students are **required** to write two critical incident reports during the course of the experience through completion of the assignment on the course Sakai site. Due dates for assignments are listed in the table above. Those not completing the reflection assignments will receive a grade of **failure**. Successful completion of the assignment, based on the grading rubric, is required to **pass** the course. The full description of this assignment is located on the course Sakai site.

Formal Oral Case Presentation: Students are **required** to present one formal case presentation to their assigned clinical preceptor(s) during the course of the experience. This formal case presentation should include a comprehensive and critical evaluation of primary literature that supports the patient assessment and treatment plan synthesized. Due date for this presentation is listed in the table above. Those not completing the presentation will receive a grade of **failure**. Successful completion of the assignment, based on the grading rubric, is required to **pass** the course. The full description of this assignment is located on the course Sakai site and will be provided to preceptors at the site.

Student Evaluation of Experience: Students are **required** to complete the Student Evaluation of Experience at the end of the experience (e.g. week 8). Those not completing the evaluation will receive a grade of **failure**. All course evaluations are confidential and anonymous. For more information, please see the course evaluation section below.

Grading Policies

The grading scale for this experience includes: Pass/Fail. The student will be assessed by the preceptor at the midpoint and end of the experience. The midpoint evaluation will NOT be used in the calculation of the student's grade; however, it will provide a basis for feedback regarding the student's progress, including action items where necessary for the rest of the experience. In order to the **pass** the course, students must receive a passing grade, based on the grading rubric, from the preceptor-completed final evaluation. The student and preceptor share responsibility for ensuring that evaluations are completed in a timely manner.

Course Failure

Students receiving a grade of **failure** will be required to repeat the experience. The failing grade is not removed from the student's transcript. Despite this course being Pass/Fail, a failing grade in this course will be incorporated in the GPA (8 credit hours).

Grading Philosophy

It is expected that grading will be performed in a fair and equitable manner. If you have a concern about a grade received for this experience, you should contact the school experience director within 72 business hours of receiving the grade.

Late Assignment/Assessment Policy

Late required assignments/assessments will not be accepted and will result in a **failure** for the experience.

Remediation Policy

Remediation is not offered.

University and School Policies and Guidelines

Honor Code

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable. If a violation is suspected, it may be reported to the Student Attorney General's Office. If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please visit the Office of Student Conduct web site (<http://studentconduct.unc.edu>), consult the Graduate and Professional Student Attorney General (gpsag@unc.edu), or contact a representative within the UNC Eshelman School of Pharmacy. More information on The Honor Code can be found in the UNC Eshelman School of Pharmacy Student Handbook: <http://faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-handbook/#pane-0-6>

Plagiarism and Referencing

You are encouraged to use a variety of information resources to support your assignments, but you must give credit for any and all ideas that are not originally your own. In addition to citing published works, you must also reference any ideas derived from the Internet, lectures or seminars, or personal correspondence. More information on referencing can be found in the UNC Eshelman School of Pharmacy Student Handbook: <http://faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-handbook/#pane-0-6>

Students with Disabilities

The UNC Eshelman School of Pharmacy is committed to providing reasonable accommodations for all persons with documented disabilities or accessibility concerns in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you have a medical condition, disability, or accessibility concern that may impact your ability to meet the academic

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Comment [2]: More info to follow regarding definition of a pass and what will happen when two sites are contradictory (2 ambulatory care sites). TBD

demands or requirements of the course, please contact the appropriate office on your campus. Students are required to self-identify for disability/accessibility support.

Chapel Hill based students, contact Accessibility Resources and Services in person at the Student and Academic Services Building (SASB) Suite 2126, by email at accessibility@unc.edu or via their website at <http://accessibility.unc.edu>. Asheville-based students, please contact Disability Services in person at 258 Brown Hall, by phone at (828) 232-5050, or by email at disabilityservices@unca.edu.

Adverse Weather Policy

In the event of adverse weather, student pharmacists should call their preceptor and follow the instructions of their preceptor. If there is concern about the preceptor's instructions, student pharmacists should contact their School Experience Director immediately. If a student pharmacist does not feel that it is safe to travel, the preceptor should allow them to make up the time missed.

Course Evaluation

It is a course expectation and a responsibility of all students completing a course to complete the course evaluation. Student feedback is essential and highly valued in the School's efforts to continually improve the quality of courses and the effectiveness of our faculty as educators. In addition, the accrediting body for the Doctor of Pharmacy Program requires that the School collects and uses assessment data for continuous quality improvement. As a faculty, we can assure you that your feedback is reviewed in detail. The evaluations are taken very seriously by course directors, individual instructors, and the School. For more information about course evaluations:

<https://pharmacy.unc.edu/about/ospa/course-evaluations/>.

Online course evaluations will be available for students beginning the last week of the course. Students will receive an email message directing them to a website where they can login using their ONYEN and complete the course evaluation. The course evaluation must be completed by one week following completion of the experience. All course evaluations are confidential and anonymous. Course evaluation website: www.digitalmeasures.com/login/unc/student

Syllabus Changes

The course experience director reserves the right to make changes to the syllabus, including assessment and assignment due dates, when needed. These changes will be announced as early as possible so that students can plan accordingly.

Course Schedule

To be provided by site.

UNC ESHELMAN SCHOOL OF PHARMACY
ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA) STATEMENTS

Entrustable Professional Activities (EPAs) are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have obtained sufficient competence. EPAs are independently executable, observable, and measurable in both process and outcome. This document was developed based on the Association of American Association of Medical College's (AAMC) Core Entrustable Professional Activities (EPAs) for entering medical residency and the draft American Association of Colleges of Pharmacy EPA Statements for Pharmacy Graduates.

The following 14 EPA Statements reflect what we believe graduates of our program should be entrusted to complete upon graduation. Following the AAMC format, we have further defined the functions for each EPA. In addition, each EPA has been linked to the applicable curriculum competencies, to the PHCY 591 syllabus, and to the draft AACP EPA Domain.

ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA) STATEMENTS	
EPA 1	Review and collect pertinent medication and medical information
EPA 2	Perform a comprehensive medication history interview
EPA 3	Prioritize and develop an assessment of patient's medication-related problems
EPA 4	Develop a patient-centered care plan to optimize medication use
EPA 5	Implement a patient-centered care plan in collaboration with the care team
EPA 6	Provide medication education to patients/caregivers
EPA 7	Monitor response to medication therapy
EPA 8	Document clinical encounters
EPA 9	Perform general procedures of a pharmacist
EPA 10	Verify prescription orders and products to be dispensed
EPA 11	Provide an oral presentation of a clinical encounter to a pharmacist or other health care professional
EPA 12	Form clinical questions and retrieve evidence to advance patient care
EPA 13	Collaborate as a member of an interprofessional team
EPA 14	Identify system failures and contribute to a culture of safety and improvement

EPA 1: Review and collect pertinent medication and medical information

Functions

- Reviews medical or prescription records including:
 - Electronic medical record (admission history and physical, recent primary care and specialty clinic/consult notes, recent hospital discharge summary, medication list and documented allergies, admission medication orders, previous discharge prescriptions, hospital discharge orders, medication lists from previous admission(s), physical examination/test results)
 - Outpatient prescription record (outpatient prescription fill history from pharmacy dispensing system, documented allergies)
- Collects pertinent information from the medical or prescription records including:
 - Reason for admission/recent events:
 - Chief complaint or reason for admission/visit
 - History of present illness
 - Last visit/plan or reason for referral
 - Frequency and reasons for utilization of health care services (e.g. emergency department visits, hospital admissions, outpatient clinic visits)
 - Demographics:
 - Patient demographics (e.g. age, sex, height, weight)
 - Past medical, surgical, and social history
 - Family history
 - Documented allergies or adverse drug events and reactions
 - Preferred outpatient pharmacies
 - Prescription insurance information
 - Immunization status
 - Medication lists documented by health care team including:
 - Possible indication (s) for every medication on the patient's
 - Common doses, dosage forms, dosing frequencies
 - Common and serious adverse effects
 - Common monitoring parameters and how often to be measured
 - Physical examination/test results:
 - Identify abnormal physical examination findings
 - Identify abnormal vital signs
 - Identify abnormal laboratory values
 - Identify abnormal diagnostic/imaging testing
 - Identify missing or incomplete data
 - Identify data patterns/trends

EPA 2: Perform a comprehensive medication history interview

Functions

- Obtain a comprehensive medication history including the following components:
 - Performs appropriate hand sanitation based on requirements at the site
 - Establishes rapport with the patient/caregiver
 - Introduces oneself
 - Discusses purpose of the visit
 - Confirms primary and secondary patient identifiers (name, date of birth)
 - Assesses if patient is comfortable with discussing medications with individuals currently present (if applicable)
 - Determines who primarily manages the patient's medications at home (may not apply to long-term care or assisted-living settings)
 - Inquires about allergies and adverse drug reactions and collects information regarding the
 - Name of medication
 - Description of reaction
 - Timing of reaction in relation to medication administration
 - Inquires about medication use. For each prescription, nonprescription, dietary supplement or sample medication confirms the following:
 - Medication name
 - Strength
 - Formulation (tablet, liquid, etc)
 - Dose (number of tablets, milliliters of liquid, etc)
 - Route (student does not need to be inquire this information from patient/caregiver. It may be inferred based on formulation type)
 - Frequency including times of day for administration
 - Indication for both scheduled and PRN medications
 - Last dose taken prior to admission/visit
 - Inquires about medication effectiveness and safety
 - Asks specific questions that will allow the team to understand if the medication(s) are working for the patient and meeting the patient's desired outcomes (e.g. how have your blood pressure measurements been?)
 - Asks the patient if he/she has experienced any problems or concerns related to the medication(s)
 - Inquires about medication taking behaviors and adherence
 - Asks questions that will allow the team to understand if the patient experiences difficulty remembering to take his/her medications AND how often doses are missed, if applicable
 - Inquires about medication access, payment, affordability
 - Asks the patient where he/she obtains medications (e.g. pharmacy, multiple pharmacies, mail order, etc)
 - Asks the patient means of payment (e.g. insurance, out-of-pocket expenses, etc)
 - Asks the patient if he/she has trouble affording medications

EPA 2: Perform a comprehensive medication history interview (CONTINUED)

Functions (CONTINUED)

- Obtain a comprehensive medication history including the following components **(CONTINUED)**:
 - Inquires about medication management system
 - Asks the patient how he/she remembers to take medications at home (e.g. alarms, putting medications in a certain location, etc)
 - Asks the patient if he/she uses any type of system to organize medications (e.g. pillbox, etc)
 - Closes the interview
 - Thanks the patient/caregiver for his/her time
 - Discusses how the information collected will be used and any follow-up steps, if applicable
 - Asks the patient/caregiver if he/she has any additional questions about the medications
 - Provides contact and/or follow-up information (may not apply based on setting)
 - Performs appropriate hand sanitation based on requirements at the site
 - Confirms medication list using an external verification source (may be done prior to or after patient interview based on site preference)
 - Preferred sources include written or verbal patient/caregiver list, outpatient pharmacy fill history, and medication bottles (prescription, nonprescription, dietary supplements) provided by patient/caregiver.
- Secondary sources include primary care list and specialty clinic list.

EPA 3: Prioritize and develop an assessment of patient's medication-related problems

Functions

- Performs a comprehensive medication review (CMR) and conducts medication reconciliation
 - Synthesizes subjective and objective information collected during the patient work-up
 - Compares all medication lists from internal and external sources with information obtained from the patient/caregiver interview
 - Identifies discrepancies
- Evaluates the appropriateness, safety, effectiveness, adherence, and affordability of the medication regimen through identification of the following medication related problems:
 - Untreated indication
 - Improper drug selection
 - Subtherapeutic doses
 - Overdose/toxicity from medications
 - Failure to receive medications
 - Adverse drug reactions/events
 - Drug interactions with medications
 - Medication use without indication
- Develops an assessment for each medical problem including:
 - Prioritization
 - Status of each medical problem (controlled, uncontrolled, stable, acute worsening)
 - Subjective and objective findings to support status of each medical problem
 - Desired therapeutic goals and endpoints based on evidence-based treatment guidelines for each disease state

EPA 4: Develop a patient-centered care plan to optimize medication use

Functions

- Develop an appropriate treatment plan for each identified medical problem. The treatment plan should include:
 - Evidence-based recommendations related to current therapy (e.g. continue/discontinue/modify)
 - Evidence-based recommendations for new drug therapy (must include drug, dose, route, frequency, anticipated duration)
 - Recommendations for non-drug therapy (e.g. nutrition/lifestyle recommendations, self-care, health maintenance/prevention measures)
 - Recommendations for referral to other health care providers
 - Medication education plan
 - Justification/rationale for proposed plan
 - Medication monitoring parameters
 - Identifies measurable parameters (e.g. labs) to assess effectiveness and safety of the medication regimen
 - Effectiveness: disease-specific AND drug-specific parameters correlated to intended goals of therapy
 - Safety: problem-specific AND drug-specific parameters based on known toxicities, adverse effects, drug interactions, tolerability
 - Identifies frequency of patient follow-up based on sufficient time intervals to adequately determine effectiveness and risks of therapy

EPA 5: Implement a patient-centered care plan in collaboration with the care team

Functions

- Implement treatment plan for each identified medical problem
- Refer patients to other providers to ensure continuity of care

EPA 6: Provide medication education to patients/caregivers

Functions

- Provide personalized patient/caregiver medication/device education (prescription, non-prescription, and dietary supplements)
 - Performs appropriate hand sanitation based on requirements at the site
 - Establishes rapport with the patient/caregiver
 - Introduces oneself
 - Discusses purpose of visit
 - Confirms primary and secondary patient identifiers (name, date of birth)
 - Address the patient's main concern or chief complaint, if applicable
 - Asks prime questions (providing supplemental medication and lifestyle intervention information as necessary):
 - What were you told this medication is for?
 - Name of drug (brand name, generic or other descriptive information)
 - Intended use and expected action
 - How were you told to take this medication?
 - Dosage form, dosage, route, administration schedule
 - Action to be taken in the event of a missed dose
 - What were you told to expect from this medication?
 - Common severe side effects or adverse effects
 - Therapeutic contraindications that may be encountered
 - Potential drug-drug, drug-food, or drug-disease interactions
 - Techniques for monitoring of drug therapy
 - What additional questions do you have regarding this new medication?
 - Storage
 - Adherence aids
 - Refill information
 - Conduct final verification (e.g. teach-back)
 - Conclude medication education interview
 - Performs appropriate hand sanitation based on requirements at the site
- Incorporate behavior change techniques (e.g. motivational interviewing) in providing patient/caregiver education where applicable

EPA 7: Monitor response to medication therapy

Functions

- Interpret common laboratory values or screening tests to determine progression toward goals of therapy
- Recommend common laboratory or screening tests to assess response to drug therapy

EPA 8: Document clinical encounters

Functions

- Document medication histories (e.g. update allergies, community pharmacy and medication list) efficiently in the electronic medical record or applicable record (if no electronic medical record is available)
- Document care plan (e.g. SOAP note) communication to other providers efficiently in the electronic medical record or applicable record (if no electronic medical record is available)

EPA 9: Perform general procedures of a pharmacist

Functions

- Measure an adult patient's vital signs
 - Identify factors that impact vital sign measurement
 - Ask patient about recent caffeine intake, tobacco use, alcohol consumption, exercise or feelings of anxiety/nervousness or pain.
 - Ask patient about medications (e.g., anti-hypertensives, analgesics, antipyretics, nonprescription decongestants) that are taken and when the last dose was administered.
 - Measure vital signs, weight, and height (This information may be accessed by review of medical record/medical team consultation if not within the scope of pharmacist practice at the site.)
 - Perform appropriate hand hygiene based on requirements at the site
 - Measure blood pressure
 - Ask patient to place feet flat on the floor and with legs uncrossed.
 - Position the patient's arm at the level of the heart with the palm up so that the arm is resting comfortably on the bed or table or supported by the examiner.
 - If necessary, ask patient to expose antecubital fossa by rolling up/ moving sleeve.
 - Ask patient if he/she has had his/her blood pressure checked before and what the value was the last time it was checked.
 - Select appropriate size blood pressure cuff and place correctly (snug and on the patient's upper arm, approximately one inch above the antecubital fossa).
 - Unroll the cuff and open the valve on the bulb and squeeze out any residual air to assure it is completely deflated.
 - Wrap the cuff around the extremity snugly and even with the arrow on the cuff directly over the brachial artery.
 - Place stethoscope approximately half way between the midpoint of the antecubital fossa and the medial margin of the antecubital fossa on the patient's arm.
 - Place stethoscope ear pieces in ears.
 - Tighten the bulb valve until it is closed and inflate cuff between 160 to 180 mmHg or about 30 mmHg above the palpated systolic blood pressure.
 - Open the valve slowly and steadily to deflate the cuff at a rate of 2 to 3 mmHg per heartbeat. Note the point on the manometer when the first clear sound is heard. This sound is the systolic blood pressure.
 - Continue to deflate the cuff gradually, noting the point at which the sounds disappear. The last sound represents the diastolic blood pressure.
 - Listen for 10 to 20 mmHg more after the last sounds and then allow remaining air to escape quickly.
 - Record measurement in millimeters mercury (mmHg), written with systolic over diastolic (e.g. 140/90).

EPA 9: Perform general procedures of a pharmacist (CONTINUED)

Functions (CONTINUED)

- Measure an adult patient's vital signs **(CONTINUED)**
 - Measure vital signs, weight, and height (This information may be accessed by review of medical record/medical team consultation if not within the scope of pharmacist practice at the site.) **(CONTINUED)**
 - Measure oral (digital) temperature
 - Turn thermometer on.
 - Use a plastic disposable probe cover to prevent the spread of infection.
 - Gently place thermometer under patient's tongue toward back of mouth. Ask patient not to bite down.
 - Hold the probe steady until thermometer beeps.
 - Remove thermometer from patient's mouth and dispose probe cover without touching it.
 - Record measurement as degrees Fahrenheit.
 - Measure pulse
 - The patient's arm should be well supported and relaxed.
 - Locate radial artery to obtain pulse.
 - Note the rhythm and regularity.
 - Feel the pulse by placing the tips of your first two fingers over the artery. Do not use your thumb when measuring pulse.
 - Count each heartbeat for 15 seconds in adults and multiply by 4.
 - Record measurement as heartbeats per minute.
 - Determine whether pulse over a minute is in normal range.
 - Measure respiratory rate
 - Observe rise and fall of patient's chest as he/she breathes.
 - Observe the respiratory effort. Look for abnormal patterns, such as rapid shallow breathing.
 - Count each rise and fall for 30 seconds in adults and multiply by 2.
 - Record measurement as breaths per minute.
 - Determine whether respiratory rate over a minute is in normal range.

EPA 9: Perform general procedures of a pharmacist (CONTINUED)

Functions (CONTINUED)

- Measure an adult patient's vital signs **(CONTINUED)**
 - Measure vital signs, weight, and height (This information may be accessed by review of medical record/medical team consultation if not within the scope of pharmacist practice at the site.) **(CONTINUED)**
 - Measure pain
 - Use a tool to record patient reported pain score (visual analogue scale, number scale, etc).
 - Assess patient's pain by using the SCHOLAR acronym.
 - Symptoms: What is the current symptom of concern? Are there any other associated symptoms?
 - Characteristics (e.g., quality, quantity, timing): How severe is the symptom? Does it interfere with daily activities?
 - History: What was the patient doing when the symptom started? Has the patient ever had this symptom before?
 - Onset: When did the symptom start? Did it come on gradually or suddenly?
 - Location: Where is the symptom located? Is it in a specific area, or is it generalized?
 - Aggravating factors: What makes the symptom worse (e.g., activity, rest, eating, a recent medication change)?
 - Remitting/relieving factors: What makes the symptom better (e.g., activity, rest, eating, or medications the patient might take for pain, including prescription, over-the-counter, and herbal or home remedies)? Ask how effective each of these medicines is at relieving the pain.
 - Measure weight
 - Ask patient to remove shoes and any heavy clothing such as jackets, sweatshirts, etc.
 - Activate the scale by turning it on. Zero will appear on the display panel.
 - Ask patient to step onto the scale.
 - Make sure patient is centered on the platform and arms are at his/her side.
 - Record measurement in pounds (lbs) or kilograms (kg).
 - Measure height
 - Ask patient to remove shoes.
 - Place feet together in center of the measuring board.
 - Tell patient to look straight ahead.
 - Make sure the shoulders are level, hands are at his/her side, and the head, shoulders, and buttocks are against the board.
 - Lower the headpiece on top of the patient's head.
 - Record measurement in inches to ¼ inch.

EPA 9: Perform general procedures of a pharmacist (CONTINUED)

Functions (CONTINUED)

- Triage patients presenting for self-care management
 - Quickly and accurately assess patient's symptoms by using the SCHOLAR-MAC acronym
 - Symptoms: What are the main and associated symptoms? What seems to be bothering you?
 - Characteristics: Describe the problem. How has the problem changed over time?
 - History: What has been done so far? Have you had this before?
 - Onset: When did it start?
 - Location: Where is the problem?
 - Aggravating factors: What makes it worse?
 - Remitting factors: What makes it better?
 - Medications: What medications are you currently taking, including prescription, nonprescription, or herbal products/dietary supplements?
 - Allergies: What allergies do you have to medications, food or plants?
 - Coexisting conditions: What other medical conditions or health problems do you have?
 - Establish that the patient is an appropriate self-care candidate (no severe symptoms, no symptoms that persist or return repeatedly, no self-treating to avoid medical care)
 - Suggest appropriate self-care strategies (nonprescription medication or general care measures such as nondrug and prevention strategies)
 - Talk with the patient (about medication administration and adverse effects, about what to expect from treatment, about appropriate follow-up)
- Perform common compounding techniques
 - Prepare commonly prescribed medications that require basic sterile compounding
 - Prepare commonly prescribed medications that require basic non-sterile compounding
- Administer immunizations including:
 - Influenza
 - Pneumococcal
 - Shingles
- Perform select physical assessments and point-of-care testing including:
 - Blood glucose meters
 - Hemoglobin A1c
 - Cholesterol (Cholestech)
 - PT/INR (CoaguChek)
 - Neuropathy screening foot examinations
- Perform (observe) basic life support during simulated medical emergency (BLS)

EPA 10: Verify prescription orders and products to be dispensed

Functions

- Verify prescriptions/orders received in verbal, written, and electronic formats
- Enter patient-specific information into an electronic health or prescription dispensing system
- Explain the organization's policies and procedures for maintaining the accuracy of the patient's profile
- State the elements of a complete medication prescription/order and the essentials of legibility and accuracy
- Use effective prescriber communication techniques to secure agreement on modifications to medication prescriptions
- Document modifications to medication prescriptions/orders according to the organization's policies and procedures
- Follow a systematic procedure for checking the accuracy of medications dispensed, including right patient identification (including location, medical record number, dispense location for inpatient orders), order date, right medication, right strength, right formulation/dosage form, right dose, right route, right directions for administration, right number of doses/duration of therapy, right prescriber, and expiration/beyond use dates
- Review a safety alert (e.g. drug-drug interaction) and determine its validity for a given patient/prescription order
- Dispense medication products following the organization's policies and procedures and in accordance with applicable federal and state laws and regulations
- Prepare a medication label that conforms to the organization's policies and procedures (as well as applicable federal and state laws and regulations)
- Follow procedures and standards of practice to insure the integrity of medication dispensed
- Evaluate inventory related to pharmacy stock/automated dispensing cabinets
- Review the process for procurement of prescription medications (controlled and non-controlled)

EPA 11: Provide an oral presentation of a clinical encounter to a pharmacist or other health care professional

Functions

- Logically presents patient information that has been gathered/verified
 - Presents information related to status PRIOR to and leading up to admission/visit
 - Appropriately identifies patient by name (only if in a private setting)
 - Provides patient's age, gender, race
 - Provides patient's reason for visit
 - Summarizes patient's history of present illness (HPI)
 - Summarizes patient's past medical history (PMH)
 - Summarizes patient's pertinent surgical history
 - Summarizes patient's pertinent social history (SH)
 - Summarizes patient's pertinent family history (FH)
 - Provides patient's documented allergies or adverse drug reactions including details of reaction (reaction type and timing)
 - Reviews medications prior to admission/visit
 - Identifies potential barriers to communication or medication use based on review of medical/medication records
 - Presents information gathered DURING admission/visit
 - Briefly summarizes significant findings from course of hospital stay/visit (if applicable)
 - Notes pertinent complications or issues and how resolved (if applicable)
 - Describes discrepancies in medication use compared to prior medication list (if applicable)
 - Presents any undocumented allergies or adverse drug reactions (if applicable)
- Communicates patient's medical problems and presents an assessment of each including:
 - Presents patient's medical problems in an appropriate order of significance
 - For each medical problem the student provides:
 - Current status (controlled, uncontrolled, etc)
 - Desired therapeutic goals and endpoints based on evidence-based guidelines
 - Significant subjective and objective and objective findings related to the medical problem
 - Current medication therapies
- Communicates a proposed plan for each medical problem
 - Discusses plan for current, ongoing treatments (continue, discontinue, modify)
 - Discusses recommendations for new drug therapy (name, dose, route, frequency, duration)
 - Discusses recommendations for NON-DRUG therapy (lifestyle recommendations, self-care, health maintenance/prevention)
 - Discusses recommendations for medication education
 - Discusses rationale and justification for the proposed plans
 - Discusses medication monitoring parameters and follow-up

EPA 12: Form clinical questions and retrieve evidence to advance patient care

Functions

- Answer a drug information request from a health care professional
 - Retrieve and analyze scientific literature to answer a question/make a patient-specific recommendation
- Lead a discussion regarding a recently published research manuscript and its application to patient care
- Develop and deliver a brief educational program regarding medication therapy to a health professional audience

EPA 13: Collaborate as a member of an interprofessional team

Functions

- Discuss the roles and responsibilities of the patient care team
- Communicate one's roles and responsibilities clearly to patients, caregivers and the patient care team
- Perform on interprofessional teams
- Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem solving
- Listen actively, and encourage ideas and opinions of other team members
- Use respectful language and demonstrate cultural competence appropriate for a given difficult situation, crucial conversation or interprofessional conflict

EPA 14: Identify system failures and contribute to a culture of safety and improvement

Functions

- Explain the role of the pharmacist in preventing, identifying, and resolving pharmacy-related patient-care problems
- Discuss the role that automation and information technology play in preventing adverse drug events
- Discuss the potential for contribution to the occurrence of adverse drug events by things such as the pharmacy's workflow and staff training issues
- When a problem is identified:
 - Correctly identifies a problem to be solved
 - Takes initiative and seeks information to solve the problem
 - Accurately identifies appropriate sources of information needed to solve the problem
 - Explores logical alternative approaches to solving the problem
 - Chooses most appropriate plan for solving the problem
 - Appropriately assesses the results of the action taken to solve the problem
 - Explains the importance of contacting the appropriate parties
 - Reports the event following the organization's policies and procedures
- Explain the role of assertiveness in presenting pharmacy concerns, solutions, and interests
- Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs)
- Explain the organization's policies and procedures related to the medication-use system
- Explain the potential for contribution to the occurrence of adverse drug events by the use of automation and information technology